File with:



Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE S same as on Statement of Organ	S, SEE BACK OF FORM SUMMARY PAGE	20	A ETHIC AAAA SIS H 10 JUL 19	
IMPORTANT: Indicate by # type (1)Statewide/Legislative/Judge S (4)County Central Committee (5 Subdivision Candidate (8)Count	of committee you are reporting for: Standing for Retention Candidate (2) County Candidate (6)City Candidate (7)County Candidate (8)City Candidate (9)City PAC (10)School Bo	DIOHOUSE OF Party	(R	FORM- DR-2 ev. 07/2007)	DISCLOSURE REPORT
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable) DEMOCRA District (if Senate or House)	Co Log Sca Co	mm. # gged in anned mputer	1560
Late reports are subject to possib	ole civil and criminal penalties. Pursu	uant to lowa Code sections 68B.3 5/5-778-706 TELEPHONE		7/26/	<u> </u>
	port date) REPORT DATED	REPORT FOR (1) ELECTIO	/# 🚺		
Check if this is final (terminal	tion) report and attach Notice of D file reports until a DR-3 is filed.)			cal Committees, eon is held	
STATEME	NT OF CASH ON HAND				
committee. This amou	ng of the reporting period. (Total int MUST be the same as the cas riod or must be zero if this is first	sh on hand at the end	\$	_9,9	11 29
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				10
	ntributions total (Attach Schedule			50	0000
	eceived total (Attach Schedule F)				
	es of Campaign Property (Attach		••••••		
(Schedule H	applies to Candidates' Commit	tees Only) SUB-TOTAL	•	10.41	1 27
SUBTRACT TOTAL M	IONEY SPENT THIS PERIOD	oom-totaliii	Ψ		40
	ures total (Attach Schedule B) (**a	also see debts and loans below		300	00 =
	payments total (Attach Schedule F				. 50
					1 24

_YES ____NO

CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instruct	ions, See Back of I	Form		SCHEDUL	E	
	TIONS MONEY TA			A (Rev. 07/03	MONETA	
COMMITTEE	NAME (Must be same	as on Statement of Organization)		□a	HECK THIS B	OX IF
ConniTTE		RICKOLSON TOTOLSE OFRE	DOESA DATA		MENDING FO	RM
STATE CANDIDA NUMBER AND TH DISCLOSURE BO	ATES NOTE: IF A CONTR E PAC CHECK NUMBER IN ARD.	IBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTI THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AV		•	IDENTIFICATION S AND CAMPA	ON JGN
NOTE: ANY PER	RSON, OTHER THAN AN TES AND SHOULD IMME	I INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 EDIATELY CONTACT THE BOARD.	TO YOUR CAME	PAIGN MAY H	HAVE FILING	
CAUTION: Sec	tion 68B.32A(6), prohib	its the use of information copied from reports and state or than statutory political committees.	ements for solicit	ing contribut	tions or for ar	ту
DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	T DELATIO	NOLUD 1	414645	
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	TOTAL AND ADDITESS OF CONTRIBUTOR	RELATIO TO CAND (if applic	IDATE* F	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
, .	ID# 6010	TOWA LAW FAC				11.00.1.2
06/02/10	CK# 3942	NES MOINES IA 5030	9	ع ا	0000	
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		TOTAL (if last page	SUB-TOTA	\$	Con 00	
* Disclosure law req	uires candidate committee	s to disclose the relationship of any relative making a contribution third degree of consanguinity (blood relatives) and affinity (re	tion to the	3	ru-	
marriage). It surna	ame of contributor is the :	third degree of consanguinity (blood relatives) and affinity (resame as candidate, but there is no the relationship column.	elatives by	Page(fo	of / r Schedule A)	

For Instructions, See Back of Form

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same a	as on Statement of Organization)
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F	04110101			
DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIPE TRANSACTION)	AMOUNT
EXPENDED	(if applicable)	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
(MM/DD/YR)	AND PAC CHECK			
	NUMBER)		İ
./	ID#	HOUSE TRUMAN TO	DADAY	
0/1-1	CK#	ILLI ARMY FOSI ROBL	P	
06/2/10	1272	HOUSE TRUMAN TO WILL ARMY POST ROAL DIES MOINES IAS	5321 DONATION	\$3000
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			SUB-TOTAL	\$
			· · · · · · · · · · · · · · · · · · ·	\$ 2000

THIS BOX	APPLIES TO	CANDIDATES' COMMITTEES ONLY.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 of	L